

State of Wisconsin
Dept. of Workforce Development
Equal Rights Division

Discrimination Complaint Wisconsin Fair Employment Law

ERD Case #
CR

For office use only

Authorization for this form is provided under Section 111.39(1), Wisconsin Statutes.
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

READ instructions on page two FIRST then type or print in black ink.

1. Complainant Information

First Name NATHAN		
Middle Initial M.		
Last Name POKE		
Street Address/PO Box 7400 2nd Ave. S.		
City Richfield	State MN	Zip Code 55423
Telephone Number (612) 598-3926		
E-Mail Address Nate.Poke@gmail.com		
May we call the Complainant at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Work Telephone Number Ext.		

2. Respondent Information

The company , agency, or union you believe discriminated against you. Name only ONE Respondent per form. Do not name an individual person as Respondent.		
Name CITY OF LA CROSSE		
Street Address/PO Box 400 La Crosse St., 2nd Floor		
City La Crosse	State WI	Zip Code 54601
Telephone Number (608) 789-7510 Ext.		
In what Wisconsin county did the violation take place? La Crosse		

3. CHECK ONLY THE BOXES THAT WERE THE REASON FOR DISCRIMINATION

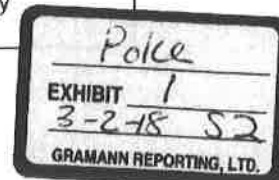
If you checked a box with an *, the statement in that box **must** be completed.
I believe the Respondent(s) discriminated or took action against me **because**

<input checked="" type="checkbox"/> of my race * which is	<input type="checkbox"/> of my conviction record	<input type="checkbox"/> of polygraph testing
<input type="checkbox"/> of my creed (religion) * which is	<input type="checkbox"/> of my age (40 or older) * my date of birth is	<input type="checkbox"/> of my military service
<input type="checkbox"/> of my sex * which is	<input type="checkbox"/> of my marital status * which is	<input type="checkbox"/> of my use or nonuse of lawful products
<input type="checkbox"/> of my pregnancy or maternity	<input type="checkbox"/> of my sexual orientation * which is	<input type="checkbox"/> of genetic testing
<input type="checkbox"/> of my national origin/ancestry * which is	<input type="checkbox"/> of my color * which is	<input type="checkbox"/> of my arrest record
<input type="checkbox"/> of my disability * which is	<input type="checkbox"/> I filed a previous discrimination complaint with Equal Rights Enter Case Number: CR	<input type="checkbox"/> I opposed discrimination in the workplace (refer to directions (c))
<input type="checkbox"/> I declined to attend a meeting or to participate in a Communication about Religious matters or political matters		
<input type="checkbox"/> I previously filed a family/medical leave complaint with the Equal Rights Division Enter Case Number: CR	<input type="checkbox"/> I testified or assisted with a discrimination complaint filed with the Equal Rights Division Enter Case Number: CR	
<input type="checkbox"/> I previously filed a wage and hour complaint with the Equal Rights Division Enter Case Number: LS	<input type="checkbox"/> The employer believed that I was going to file a wage and hour complaint with the Equal Rights Division	

4. Dates of discrimination (Required; estimate if unsure)

Date the discrimination began? Mm/dd/yyyy September 11, 2015	Date of the most recent discrimination? Mm/dd/yyyy August 10, 2016
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ERD-4206-E (R. 11/2012)



5. Statement of discrimination:

Write a brief, concise statement explaining how you were discriminated against. Give the date each action occurred and the name of the person who took the action. Explain how each action(s) was related to the box (es) you checked in section #3 on page one.

I was a member of the La Crosse, Wisconsin, Police Department, since 2011. I was one of approximately two African-American officers on the force. In 2015 I was assigned as a Neighborhood Response Officer (NRO), which was a desirable job for me. I was assigned to the same squad car as Officer Dan Ulrich, who is white.

In 2015, I began to notice a pattern of misconduct on the part of Officer Ulrich, and I became concerned that, if I did not report it, I, myself, might be in serious trouble. So I made an oral report to my direct supervisor (Sgt. Andy Dittman, the acting Sgt. of the Vice Unit and the NRO unit).

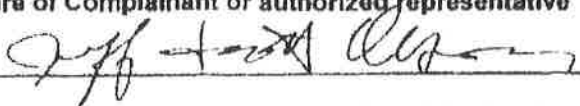
As a result of my report, the La Crosse Police Department commenced an investigation of Officer Ulrich, but the Department also commenced an investigation of me. Moreover, I was placed on Administrative Leave while Officer Ulrich was not.

In the spring of 2016, the investigation of me had progressed to a point that it was clear to me the City would be seeking my termination, albeit for some rather petty alleged misconduct. Because I did not believe that there was any chance to preserve my employment and reputation by opposing the City's efforts to fire me through available channels, I authorized my union and my attorney to negotiate for the most favorable terms of resignation they could.

On August 10, and 11, 2016, respectively, the City's representative and I signed an agreement that effected the termination of my employment with the City of La Crosse. I allege that my "voluntary resignation" pursuant to this agreement was a constructive discharge, since I resigned only in order to avoid my certain termination for alleged misconduct.

6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant or authorized representative 	Date signed 12/20/16
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Please complete Equal Rights Process Information Sheet on Page 4

EQUAL RIGHTS COMPLAINT PROCESS INFORMATION SHEET

Please complete and return this sheet with your completed complaint. This information is necessary to process your complaint effectively.

Complainant First Name NATHAN	Complainant Middle Initial MI	Complainant Last Name POKE
Current Date 12/29/2016	Complainant Date of Birth (requested for identification purposes) mm/dd/yyyy 5/30/1987	

Contact Information (Important! The Complainant must notify the Equal Rights Division, if there is a change of address or telephone number. If we are unable to locate the Complainant, the complaint may be dismissed.)

Is there a telephone number where the Complainant can be reached between 7:45 a.m. & 4:30 p.m.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, provide the area code and telephone number
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Please provide the name, address, and telephone number of someone who does not reside with the Complainant but who will know where to reach the Complainant.

Contact Person Name Atty. Jeff Scott Olson	Relationship to the Complainant Attorney			
Street Address 131 W. Wilson St.	City Madison	State WI	Zip Code 53703	Telephone Number (608) 283-6001

Employer Information

Approximate number of employees at all of the employer's work locations <input type="checkbox"/> Less than 15 <input type="checkbox"/> 15-100 <input type="checkbox"/> 101-200 <input checked="" type="checkbox"/> 201-500 <input type="checkbox"/> More	Type of Business City
Does another company own the employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure	If yes, please provide the name of that company

Filing with other Agencies

Have you filed a complaint in this matter with any other agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name of agency	Date filed with the other agency
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Settlement Information

Complete this section if the Complainant was or still is employed by the employer.			
When was the Complainant hired?	What was/is the job title?	Is the Complainant still employed by the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete this section if the Complainant is no longer employed by the employer.			
How did the Complainant's employment end? <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Other	Date Employment Ended 9/30/2016	Pay Rate at End \$29.00	Hours per Week 40
If the Complainant was not promoted, what was the title of the position applied for?	Rate of Pay	Hours per Week	
At this time, what is the Complainant seeking to settle the complaint? Please contact Attorney Olson for this information.			

Statistical Information

Complainant Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Complainant Race (check appropriate box or boxes): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unknown		
National Origin		